

1999 AR1000 ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

Jan 1 - Dec 31, 1999 or fiscal year ending , 19

Dept. Use Only

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USE LABEL PRINT OR TYPE	FIRST NAME AND INITIAL (List both if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER	
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE: WORK TELEPHONE:	

FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE: (Or widowed before 1999 or divorced at end of 1999) 2. <input type="checkbox"/> MARRIED FILING JOINT: (Even if only one had income) 3. <input type="checkbox"/> HEAD OF HOUSEHOLD: (See Instructions) If the qualifying person is your child but not your dependent, enter this child's name here:	4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN: 5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS: Enter spouse's name here and SSN above 6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. Year spouse died:(See instructions)
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HAVE YOU FILED A FEDERAL EXTENSION?	<input type="checkbox"/> Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions)
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PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER) <input type="checkbox"/> SPOUSE • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF			
	7B. First name(s) of dependents: (Do not list yourself or spouse)	Multiply number of boxes checked from Line 7A <input type="checkbox"/> X \$20 =		00
	7C. First name of developmentally disabled individual(s): (See Instr.)	Multiply number of dependents from Line 7B <input type="checkbox"/> X \$20 =		00
	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 43).	Multiply number of developmentally disabled individuals from Line 7C <input type="checkbox"/> X \$500 =		00
				00

INCOME Attach W-2s/1099s here / Place check on W-2s/1099s	ROUND ALL INCOME FIGURES TO WHOLE DOLLARS			
	8. Wages, salaries, tips, etc.:	8		
	9A. U. S. military compensation pay: (Your/joint gross amount)	00	Less \$6,000	9A
	9B. U. S. military compensation pay: (Spouse gross amount)	00	Less \$6,000	
	10. Minister's income: Gross \$ Less rental value \$	10		
	11. Interest income: (If over \$400.00, attach page AR4)	11		
	12. Dividend income: (If over \$400.00, attach page AR4)	12		
	13. Alimony and separate maintenance received:	13		
	14. Business or professional income: (Attach Federal Schedule C or C-EZ)	14		
	15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D)	15		
	16. Other gains or (losses): (Attach Federal Form 4797)	16		
	17. IRA distributions and fully taxable annuities:	17		
	18A. Employer sponsored pension plan: (Your/joint gross amount) •	00	Less \$6,000	18A
	18B. Employer sponsored pension plan: (Spouse gross amount) ..	00	Less \$6,000	
	DO NOT ADJUST LINES 18A AND 18B FOR COST RECOVERY. (See Instructions).			
	19. Rents, royalties, partnerships, estates, trust, etc.: (Attach Federal Schedule E)	19		
	20. Farm Income: (Attach Federal Schedule F)	20		
	21. Other income: (List type and amount. See Instructions)	21		
	22. TOTAL INCOME: (Add Lines 8 through 21)	22		

ADJUSTMENTS	23. Payments to <input type="checkbox"/> IRA and <input type="checkbox"/> MSA: (See Instructions for limitations)	23		
	24. Deduction for interest paid on student loans:(See Instructions)	24		
	25. Contributions to Intergenerational Trust: (See Instructions)	25		
	26. Moving expenses: (Attach Federal Form 3903 or 3903F)	26		
	27. Self-employed health insurance deduction: (See Instructions for limitation)	27		
	28. KEOGH and Self-employed SEP and Simple Plans:	28		
	29. Forfeited interest penalty for premature withdrawal:	29		
	30. Alimony/separate maintenance paid to: Name: SSN:	30		
	31. Border city exemption: (Attach Form AR - TX)	31		
	32. Support for permanently disabled child: (Attach Form AR1000DC)	32		
	33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32)	33		
	34. ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 22)	34		

TAX COMPUTATION	35.	ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page AR1).	35	A YOUR INCOME		B SPOUSE INCOME STATUS 4 ONLY	
	36.	Select tax table: (Check the appropriate box).					
		<input type="checkbox"/> LOW INCOME Table 1					
		<input type="checkbox"/> REGULAR Table 2					
		If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A and 36B. If not, then:					
		Enter the larger of your:					
		<input type="checkbox"/> Itemized Deductions. (See itemized deduction Schedule, Line 28)					
		OR					
		<input type="checkbox"/> Standard Deduction. (See Standard Deduction instructions, Line 36)	36				
		37.	NET TAXABLE INCOME: (Subtract Line 36 from Line 35).	37			
TAX CREDITS	38.	Tax: (Enter tax from tax table).	38				
	39.	Combined tax: (Enter totals from Lines 38A and 38B).	39				
	40.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD).	40				
	41.	IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required).	41				
	42.	TOTAL TAX: (Add Lines 39 through 41).	42				
	43.	Personal Tax credit: (Enter total from Line 7D, page AR1).	43				
	44.	Working Taxpayer credit: (See Instructions. Attach AR1328).	44				
	45.	State Political Contributions credit: (Attach schedule).	45				
	46.	Other State Tax credit: [Attach a copy of other state tax return(s)].	46				
	47.	Child care credit: (Attach Federal Form 2441 or 1040A, 20% of Federal credit allowed).	47				
PAYMENTS	48.	Credit for adoption expenses: (Attach Federal Form 8839, 20% of Federal credit allowed).	48				
	49.	Phenylketonuria Disorder credit: (See Instructions. Attach AR1113).	49				
	50.	Business and Incentive Tax credit: (Attach schedule and certificate).	50				
	51.	TOTAL CREDITS: (Add Lines 43 through 50).	51				
	52.	NET TAX: (Subtract Line 51 from Line 42. If Line 51 is greater than Line 42, enter 0).	52				
	53.	Arkansas Income Tax withheld: (Attach State copies of W-2s).	53				
	54.	Estimated tax paid or credit brought forward from last year:	54				
	55.	Payments made with extension: (See Instructions).	55				
	56.	Early childhood program: Certification Number: (Attach Fed. Form 2441 or 1040A & Cert. Form AR1000EC, 20% of Fed. credit allowed).	56				
	57.	TOTAL PAYMENTS: (Add Lines 53 through 56).	57				
REFUND OR TAX DUE	58.	AMOUNT OF OVERPAYMENT/REFUND: (If Line 57 is greater than Line 52, enter difference).	58				
	59.	Amount to be applied to 2000 estimated tax:	59				
	60.	Amount to be contributed to the AR Disaster Relief Fund: . 60					
	61.	Amount to be contributed to the U. S. Olympic Fund: 61					
	62.	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 59, 60 and 61 from Line 58).	REFUND 62				
	63.	AMOUNT DUE: (If Line 57 is less than Line 52, enter difference; If over \$1,000, See Instructions).	TAX DUE 63				
	63A.	Attach Form AR2210: Exception 63A	Penalty 63B				
	63C.	Please attach your check for payment in full and include your Social Security Number and the amount for tax due and/or penalty:	TOTAL DUE 63C				
	64.	Source of income not subject to Arkansas tax: (Memorandum only).					

PLEASE SIGN HERE	PLEASE SIGN HERE Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
	Your Signature		Occupation:		Date:		
	Spouse's Signature		Occupation:		Date:		
PAID PREPARER	Paid Preparer's Signature:		ID Number/Social Security Number:		FOR DEPARTMENT USE ONLY		
	Preparer's Name:		City/State/Zip:		A		
	Address:		Telephone Number:		B		
					C		
				D			
				E			
				F			

**Mailing Information**

Mail REFUND returns to:	DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.
Mail TAX DUE returns to:	DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.
Mail NO TAX DUE returns to:	DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.